AP15 Rec'd PCT/PTO 22 NO 12006

Examiner Name	Under the Paperwork I	Reduction Act of 1995	i, no person are re	equired to n	U.S. Paten espond to a collection	t and Tradema on of information	ark Office; U.S. DEI on unless it displays	PARTMENT OF a valid OMB of	COMMERC ontrol number
FEE TRANSMITTAL FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1755 TOTAL AMOUNT OF PAYMENT (s) 450.00 Apploant claims small entity status. See 37 CFR 1.27 Art Unit 1755 TOTAL AMOUNT OF PAYMENT (s) 450.00 Attorney Docket No. 0315-0158PUS1 METHOD OF PAYMENT (check all that apply) Check	Ff	fective on 12/08/2004				Com	plete if Know	'n	
For FY 2006 First Named Inventor Antonio Luiz Duarte BRAGANG Examiner Name J. W. Pasterczyk				R. 4818).	Application Nun	nber	10/518,443-Cc	nf. #7833	
For FY 2006 First Named Inventor Antonio Luiz Duarte BRAGANG Examiner Name J. W. Pasterczyk	For FY 2006				Filing Date		July 1, 2005		
Application Type Fee (\$) Fee					First Named Inventor		Antonio Luiz Duarte BRAGANÇA		
Standard Check Credit Card Money Order None Other (please identify):					Examiner Name		J. W. Pasterczyk		
Standard Check Credit Card Money Order None Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1755		
Section Content Cont	TOTAL AMOUNT OF	Attorney Docket No.		0315-0158PUS1					
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing to the provisional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)		ENT (check all t	hat apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling to Charge fee(s) indicated below, except for the filling fee(s) indicated below, except fee(X Check Cre	dit Card N	Money Order	Non	e Other	(please ident	ify):		
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Charge fee(s) indicated below	For the above-i	dentified deposit	account, the D	irector is	hereby authorize	ed to: (chec	k all that apply)		
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Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims	Application Type	Fee (\$)		Fee (\$)		Fee (\$)		Fees Pa	aid (\$)
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Plant	•	200	100	100					
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	4. OTHER FEE(S)		130		tround up to a wh	ole number)	^	Fees P	Paid (\$)

SUBMITTED BY
Signature
Registration No. (Attorney/Agent)
Registration No. (Attorney/Agent)

Name (Print/Type)

Date
November 2, 2006

Other (e.g., late filing surcharge): 1252 Extension for response within second month

JAK/njp

450.00